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## **REVOCATION OF POWER OF** ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/008503
Filing Date	11/8/2001
First Named Inventor	Skinner
Art Unit	2877
Examiner Name	
Attorney Docket Number	WELL-75

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR						
I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to:						
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature (hrustina Svalim						
Name CHRISTINA IBRAHIM, Vice President, General Counsel and Corporate Secretary						
	-2007	Telephone	10010	97-1200		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total offorms are submitted.						

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